

CALIFORNIA HORSE RACING BOARD

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**Postmortem Examination Review Summary #039**

Horse Information: 7-year-old Thoroughbred.

Incident Summary: This horse displayed signs of colic (abdominal pain). The veterinarian examined the horse and administered flunixin meglumine (non-steroidal anti-inflammatory drug to decrease pain) and a tranquilizer. The trainer, who is also part owner, informed the veterinarian that due to economics the horse did not have a surgical option, nor would it be shipped to a clinic for diagnostics and medical care. The veterinarian informed the trainer to consider euthanasia if the horse did not improve. The following day the attending veterinarian noted the horse was more uncomfortable than the prior day. The veterinarian passed a nasogastric tube (no reflux obtained), then administered water, electrolytes, oil and DSS in an attempt to resolve a possible impaction. The veterinarian recommended euthanasia, but the trainer declined. The trainer stated he knew the horse was in pain because the horse was laying down and getting up repeatedly but did not believe the horse was uncomfortable enough to warrant euthanasia and wanted to try to keep the horse alive. The veterinarian gave the trainer oral flunixin meglumine to administer that day and repeat the following morning. The following morning, the horse was thrashing in the stall and displaying signs of endotoxic shock. The horse was euthanized by the veterinarian with pentobarbital with the trainer's permission.

Necropsy Summary: The necropsy examination revealed an epiploic foramen entrapment (a segment of small intestine passed through the foramen and was incarcerated) and secondary gastric rupture (due to increased pressure) which led to sepsis (after release of gastric contents into the abdominal cavity and resulting peritonitis). Clostridium difficile toxins were detected in small intestinal contents. It can be speculated that enteritis due to C. difficile caused the initial colic signs, intestinal hypermotility, and predisposed the horse to epiploic foramen entrapment. The body as a whole was in fair nutritional condition with scant fat reserves. Musculoskeletal examination of right and left forelimbs revealed signs of bilateral, repetitive overuse injury including: osteophytosis of the carpi, palmar osteochondral disease, and dorsal metacarpal disease of the cannon bones, osteophytosis and subchondral bone discoloration/fibrillation of the proximal sesamoid bones and scoring and cartilage erosion of the proximal long pastern bones.

Racing/Training History: This horse had over 20 starts. The trainer reports claiming the horse 2 years prior and recalls one episode of mild colic. The horse displayed cribbing (stereotypic behavior) in the stall. The trainer stated the horse was not racing well and had a poor skin condition (would blister easily).

Veterinary History Summary: This horse appeared on the CHRB Veterinarian's List 3 times for unsoundness due to chronic fetlock osteoarthritis. The horse was also noted to have a lean body condition score.

Pre-race Examinations: N/A.

Conclusion: A decision based on economic factors was made to not send this horse to a referral clinic for diagnostics, monitoring and medical care during a colic episode. Economic limitations reduced the attending veterinarian's diagnostic and treatment options thus preventing laboratory blood work and intra-venous fluid therapy from being utilized in this case. Emergency funds should be made available, such as is done for surgical repair for horses after sustaining catastrophic injury, for early referral to an equine hospital if a horse has a good prognosis for an adequate quality of life and the connections are unable or willing to pay. Due to the horse's continued pain, the attending veterinarian recommended humane euthanasia on day 2 of treatment, however the trainer rejected the recommendation, with the result being gastric rupture and a delayed euthanization on day 3. The veterinarian did not report this potential welfare violation due to concerns that trainers would not trust or utilize the services of the veterinarian (negative economic consequences). An equine welfare assessment should be performed on any horses at a CHRB facility that are owned or trained by this trainer, and further education may be appropriate.